

JAMES E. RISCH – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

July 25, 2006

Anne Oglevie, Administrator Weiser Memorial Home Health Agency - Provider #137076 645 E 5<sup>th</sup> Weiser, ID 83672

Dear Ms. Oglevie:

On July 11, 2006, a follow-up visit of your agency was conducted to verify correction of deficiencies noted during the Annual Licensure survey of June 2, 2006. Weiser Memorial Home Health Agency was found to be in substantial compliance as of July 11, 2006.

Your copy of the Post-Licensure Revisit Report, Form 2567B, listing deficiencies that have been corrected is enclosed. This is for your information only and need not be returned.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please feel free to call us at 334-6626.

Sincerely,

DEB DORE'

Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Supervisor

Non-Long Term Care

DD/SC/slc

Enclosures

Event ID: 9U5V12

### Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

	vider / Supplier / CLIA / htification Number 076	(Y2) Multiple Construction A. Building B. Wing		(Y3) Date of Revisit 7/11/2006
Name of Fa	acility	About the state of	Street Address, City, State, Zip Code	
WEISE	R MEMORIAL HOME HEALTH		36 E IDAHO ST UNIT #R2 WEISER, ID 83672	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item		(Y5) Date	(Y4) Item		(Y5)	Date	(Y4)	Item		(Y5)	Date
		Correction				Correction Completed					Correction Completed
ID Prefix	G0122	Completed <b>07/11/2006</b>	ID Prefix	G0128		07/11/2006		ID Prefix	G0130		07/11/2006
Reg.#		***************************************	Reg. #	484.14(b)		•		Reg.#	484.14(b)		
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ID Prefix	G0133	07/11/2006	ID Prefix	G0142		07/11/2006		ID Prefix	G0144		07/11/2006
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ID Prefix	G0151	07/11/2006	ID Prefix	G0153	-	07/11/2006		ID Prefix	G0154		07/11/2006
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ID Prefix	G0156	07/11/2006	ID Prefix	G0160		07/11/2006		ID Prefix	G0161		07/11/2006
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Reg.#	484.18(a)		Reg. #	484.18(c)				Reg.#	484.30(a)		
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Form Approved OMB NO. 0938-0390

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9U5V12

Event ID:

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(Y1)	Provider / Supplier / CLIA / Identification Number 137076	(Y2) Multiple Construction A. Building B. Wing		(Y3) Date of Revisit 7/11/2006
Nam	e of Facility		Street Address, City, State, Zip Code	
W	EISER MEMORIAL HOME HEALTH		36 E IDAHO ST UNIT #R2 WEISER, ID 83672	

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		Correction				orrection					Correction
ID Prefix	00470	Completed	ID Prefix	00496		ompleted 7/11/2006		ID Prefix	G0494		Completed 07/11/2006
	G0173	07/11/2006		The state of the s	<b>V</b>	111112000			salasmanalandasmina danilim melahenene	·····	0771172000
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		Correction			C	orrection					Correction
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Followup 1	to Survey Cor 6/2/2			Check for an	y Uncorr	ected Defi encies (CN	cienci	es. Was a	Summary the Facilit	of <sup>y?</sup> YES	- NO

6/2/2006

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: 9U5V

Facility ID: OAS001670

MEDICARE/MEDICAID PROVID     (L1) 137076  2.STATE VENDOR OR MEDICAID     (L2) 002851700  5. EFFECTIVE DATE CHANGE OF	NO.	3. NAME AND AD (L3) WEISER ME (L4) 36 E IDAHO (L5) WEISER, ID	EMORIAL HO ST UNIT #R2	МЕ НЕАІ	(L6) <b>83672</b>	4. TYPE OF ACTION: 2 (L8)  1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other
(L9) 7/	2/2006 (L34) 0 (L10)	01 Hospital 02 SNF/NF/Dual 03 SNF/NF/Distinct 04 SNF	05 HHA 06 LAB 07 X-Ray 08 OPT/SP	09 ESRD 10 NF 11 IMR 12 RHC	13 PTIP 14 CORF 15 ASC 16 HOSPICE	8. Termination of ICF Beds  FISCAL YEAR ENDING DATE: (L35)  06/30
11. LTC PERIOD OF CERTIFICATION From (a): To (b): 12.Total Facility Beds 13.Total Certified Beds	(L18) (L17)	B. Not in Com	nce With	am	And/Or Approved Waivers Of  2. Technical Personnel  3. 24 Hour RN  4. 7-Day RN (Rural SN  5. Life Safety Code  * Code: A*	7. Medical Director
14. LTC CERTIFIED BED BREAKD	OWN				15. FACILITY MEETS	
18 SNF 18/19 SNF	19 SNF	ICF	IMR		1861 (e) (1) or 1861 (j) (1):	(L15)
(L37) (L38)	(L39)	(L42)	(L43)			
16. STATE SURVEY AGENCY RE Recertification Recommended	MARKS (IF APPLIC	ABLE SHOW LTC C	ANCELLATION	DATE):		
17. SURVEYOR SIGNATURE	Dord	Date:	7/14/0	(L19)	18. STATE SURVEY AGENC	YAPPROVAL Date: TITLE (L20)
PA	RT II - TO BE	COMPLETED B	Y HCFA RE	GIONAL	OFFICE OR SINGLES	STATE AGENCY
19. DETERMINATION OF ELIGIB  1. Facility is Eligible to  2. Facility is not Eligible	Participate		IPLIANCE WITH HTS ACT:	CIVIL		ncial Solvency (HCFA-2572) ol Interest Disclosure Stmt (HCFA-1513) e:
22. ORIGINAL DATE OF PARTICIPATION 07/07/1994	23. LTC AGREE BEGINNIN		4. LTC AGREEM ENDING DAT	-	26. TERMINATION ACTION  VOLUNTARY  01-Merger, Closure  02-Dissatisfaction W/ Reimburs	D INVOLUNTARY 05-Fail to Meet Health/Safety
(L24) 25. LTC EXTENSION DATE: (L27)	A. Suspension	TVE SANCTIONS on of Admissions:	(L25) (L44)		03-Risk of Involuntary Terminati 04-Other Reason for Withdrawal	on <u>OTHER</u>
\ <i>\</i>	B. Reseing a	suspension Date:	(L45)			
28. TERMINATION DATE:		9. INTERMEDIARY			30. REMARKS	
		00454		***************************************		
	(L28)			(L31)		
31. RO RECEIPT OF CMS-1539	3	2. DETERMINATION	N OF APPROVAL	DATE		
	(L32)	•		(L33)	DETERMINATION API	PROVAL
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(Y1)	Provider / Supplier / CLIA / Identification Number 137076	(Y2) Multiple Construction A. Building B. Wing		(Y3) Date of Revisit 7/11/2006
Name	of Facility		Street Address, City, State, Zip Code	
W	EISER MEMORIAL HOME HEALTH		36 E IDAHO ST UNIT #R2 WEISER, ID 83672	

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		Correction				Correction					Correction
ID Prefix	00422	Completed <b>07/11/2006</b>	ID Prefix	C0420		Completed <b>07/11/2006</b>		ID Prefix	G0130		Completed 07/11/2006
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		Correction			:	Correction					Correction
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ID Prefix	G0133	07/11/2006	ID Prefix	G0142	***************************************	07/11/2006		ID Prefix	G0144		07/11/2006
Reg.#	484.14(c)		Reg. #	484.14(f)				Reg.#	484.14(g)		
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		Completed				Completed					Completed
ID Prefix	G0151	07/11/2006	ID Prefix	G0153		07/11/2006		ID Prefix	G0154	······································	07/11/2006
Reg.#	484.16		Reg. #	484.16				Reg.#	484.16(a)		
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		Correction				Correction					Correction
		Completed				Completed			•		Completed
ID Prefix	G0156	07/11/2006	ID Prefix	G0160		07/11/2006		ID Prefix	G0161		07/11/2006
Reg. #	484.18		Reg. #	484.18(a)				Reg.#	484.18(a)		
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ID Prefix	G0162	07/11/2006	ID Prefix	G0165		07/11/2006		ID Prefix	G0172		07/11/2006
Reg. #	484.18(a)		Reg. #	484.18(c)				Reg.#	484.30(a)		
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Form Approved OMB NO. 0938-0390

9U5V12

Event ID:

NO

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			Correction				Correction					Correction
ID # #			Completed	ID D			Completed		1m m			Completed
ID Prefix	G0173		07/11/2006	ID Prefix	G0186		07/11/2006		ID Prefix	G0194		07/11/2006
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ID Prefix	G0195		07/11/2006	ID Prefix	G0196	······································	07/11/2006		ID Prefix	G0236		07/11/2006
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ID Prefix	G0242		07/11/2006	ID Prefix	G0244		07/11/2006		ID Prefix	G0245		07/11/2006
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ID Prefix	G0246		07/11/2006	ID Prefix	G0250		07/11/2006		ID Prefix	G0303		07/11/2006
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Followup	to Survey Co	-	1:		Check for a	ny Unco	rected Defi	cienci	es. Was a	Summary	of	***************************************
	6/2/2	2006			Uncorrec	ted Defi	iencies (CN	IS-256	7) Sent to	the Facility	y? YES	NO